

| Section Name                                  | Field Name   | Field and/or Section Description  |
|---|--|---|
| <b>TITLE</b><br><b>ACORD 182 KS (2001/05)</b> | <b>Kansas Election of a<br/>Noncompensated Volunteer To Be<br/>Covered</b> | Use this form to notify the Kansas Division of Workers Compensation that an employer elects to provide workers compensation coverage for a noncompensated volunteer officer, director or trustee of a non-profit corporation. |